

**CERTIFICATE OF MAILING OR TRANSMISSION**

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Date: June 25, 2007

Name: Eunice K. Chang

Signature:

Eunice K. Chang
Clifford Chance US LLP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. 80-20703727 (formerly 7190-205)

In re Application of: Iouri Kloubakov, et al.

Filed: January 30, 2002

Group Art Unit: 3627

Serial No: 10/060,423

Examiner: Joseph A. Fischetti

For: MULTI-DEVICE SUPERVISOR SUPPORT
FOR SELF-CHECKOUT SYSTEMS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Petition for Extension of Time under 37 C.F.R. §1.136(a)

Sir:

This is a request under the provisions of 37 C.F.R. §1.136(a) to extend the period for filing a reply to the Final Office Action dated November 15, 2006.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity</u> <u>Fee</u>
<input type="checkbox"/> One month (37 C.F.R. §1.17(a)(1))	\$120.00	\$60.00 \$
<input type="checkbox"/> Two months (37 C.F.R. §1.17(a)(2))	\$450.00	\$225.00 \$
<input checked="" type="checkbox"/> Three months (37 C.F.R. §1.17(a)(3))	\$1,020.00	\$510.00 \$ 1,020.00
<input type="checkbox"/> Four months (37 C.F.R. §1.17(a)(4))	\$1,590.00	\$795.00 \$
<input type="checkbox"/> Five months (37 C.F.R. §1.17(a)(5))	\$2,160.00	\$1,080.00 \$

☐ Applicant claims small entity status. (See 37 C.F.R. §1.27)

06/29/2007 EAREGAY1 00000027 500521 10060423
03 FC:1253 1020.00 DA

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0521. I have enclosed a duplicate copy of this sheet.

Respectfully submitted,



Date: June 25, 2007

Eric A. Lerner
Reg. No. 46,054

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**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10/24/07</u>		2 Serial/Patent # <u>10/060,423</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	wfee	06/29/07	\$ 1,020.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 1,020.00
		8 TO BE REFUNDED BY:		
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			5	2
			1	
10 REASON:				
	Overpayment			
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X	No Fee Due (Explanation):			
Extension filed after extendable period				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u><i>Sherry D. Brinkley</i></u>		PHONE: <u>2-3204</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>10/25/07</u>		

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